

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE   |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION         | 18       | 70591  | 4/7    |
| O.I.P.E. CLASSIFIER       | 18       | 71080  | 4/2/00 |
| FORMALITY REVIEW          |          |        | 6-2-00 |
| RESPONSE FORMALITY REVIEW |          |        |        |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date  |
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| Final    |       |
| Original | b 10  |
| Original | b 11  |
| Original | 03 07 |
| 1        | ✓     |
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| Claim    | Date |
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| Claim    | Date |
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| Final    |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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